

Post-Test

Davis Case Information

Post-Test

Notes

PHA Information

HOUSING CHOICE VOUCHERS



Welcome to Cubzide City PHA

An Overview

Cubzide City is a close-in suburban city located within a larger metropolitan area of approximately 1.5 million residents. Cubzide City (known by longtime residents as "CC") is aging -- that is, both its housing stock and its families are aging in place. Younger residents tend to leave the area if they can to seek economic opportunities in other areas. The city lost population during the 1980s, when more affluent families moved to newer suburbs, but is now beginning to show signs of gentrification as those same families tire of the commute. Certain neighborhoods within CC have become downright pricey!



ABOUT CUBZIDE'S HOUSING CHOICE VOUCHER PROGRAM

Cubzide City Public Housing Agency's jurisdiction covers zip code 55555. The PHA currently serves 800 families.

Attached are excerpts from the PHA's Administrative Plan relevant to the calculation of family rent. Included are portions of their Payment Standard Schedule and Utility Allowance Schedule. Cubzide City's Payment Standards were last adjusted November, 2000.

HOUSING CHOICE VOUCHERS



CUBZIDE CITY PHA Administrative Plan

(Due to the high volume of information contained in Cubzide City PHA's Administrative Plan, only relevant excerpts are provided)

Chapter 2 – Eligibility for Admission

H. Mandatory Social Security Numbers (CFR 5.216, 5.218)

Families are required to provide verification of Social Security Numbers of all family members age 6 and older, if the Social Security Administration has issued them a number. Failure to furnish verification of social security numbers is grounds for denial or termination of assistance.

Chapter 6 – Factors Related to Total Tenant Payment and Family Share Determination

Income and Allowances (24 CFR 5.609)

K. Determining the Value of Assets

The current balance will be used to determine the market value of assets with the exception of checking accounts. For checking accounts, the PHA will use a 6-month average balance.

L. Assets Disposed of for Less than Fair Market Value

The PHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The PHA will count the difference between the market value and the actual payment received in calculating total assets. Assets disposed of as a result of foreclosure or bankruptcy, divorce or separation, are not considered to be assets disposed of for less than fair market value. The PHA's minimum threshold for counting assets disposed of for less than Fair Market Value is \$1,000.

HOUSING CHOICE VOUCHERS

M. Allowances and Deductions

Birth Certificates will be used for the purposes of verifying age for the purposes of allowances and deductions.

O. Child Care Expenses

Child care expenses for children may be deducted from annual income if they enable an adult to work, attend school, or to actively seek employment. The maximum child care expense allowed that enables an adult to work cannot exceed the amount earned by that adult member. If unable to otherwise determine, the person enabled to work will be the adult member of the household who earns the least amount of income from working.

Q. Payment Standards and Utility Allowances

The Housing Choice Voucher Payment Standards schedule is listed below. The approved Utility Allowance schedules, based on dwelling type, are also listed below.

FMR/PAYMENT STANDARDS					
	0BR	1BR	2BR	3BR	4BR
FMR	555	622	768	938	1,014
Payment Standard	555	591		1,031	1,115
Exception PS (Field Office approval on file)			883		

UTILITY ALLOWANCES FOR APARTMENTS					
BEDROOM SIZE	0 BR	1 BR	2 BR	3 BR	4 BR
HEATING					
Gas	18	22	28	34	39
Oil	27	35	48	59	68
Electric	19	23	32	50	57
COOKING					
Gas	3	3	4	4	5
Electric	3	4	5	6	9
WATER					
	20	24	30	36	41
SEWER					
	10	12	15	18	21
REFRIGERATOR					
	12	12	12	12	12
RANGE					
	10	10	10	10	10

HOUSING CHOICE VOUCHERS

U. Income from Assets Calculation:

The HUD-approved Passbook rate, used for purposes of determining imputed income from assets when the cash value of all assets exceeds \$5,000 is: **2.0%**

X. Established Minimum Wage

For purposes of determining if a family member has been previously unemployed, the established minimum wage (greater of Federal, state or local) is **\$6.00 per hour**.

Y. Minimum Rent

Minimum rent is **\$25**. When applied, minimum rent refers to the Minimum Total Tenant Payment and includes the combined amount a family pays towards rent and/or utilities.

Z. Utility Reimbursement Payments

Utility Reimbursement Payments will be mailed to the family.

Chapter 7 – Verification Procedures

A. Employment Income

Verification forms request the employer to specify the:

- Dates of employment
- Amount and frequency of pay
- Date of the last pay increase
- Likelihood of change of employment status and effective date of any known salary increase during the next 12 months
- Year to date earnings
- Estimated income from overtime, tips, and bonus pay expected during the next 12 months.

F. Verification of Disability

The PHA will verify disabilities in accordance with 24 CFR 5.403.

HOUSING CHOICE VOUCHERS

Chapter 12 - Recertifications

C. Reporting Interim Changes

Program participants must report all changes in household composition to the PHA between annual reexaminations.

The PHA will conduct interim reexaminations when families have an increase income. Families will be required to report all increases in income and assets within 5 business days of the increase.

Participants may report a decrease in income and other changes, which would reduce the amount of tenant rent, such as an increase in allowances or deductions. The PHA must calculate the change if a decrease in income is reported.

D. Procedures when Changes are Reported in a Timely Manner

The PHA will notify the family and the owner of any change in the Housing Assistance Payment to be effective according to the following guidelines:

Increases in the Tenant Rent to Owner are effective on the first of the month following at least thirty days' notice.

Decreases in the Tenant Rent to Owner are effective the first of the month following that in which the change is reported. However, no rent reductions will be processed until all of the relevant facts have been verified.

Post-Test

Notes

Davis Family Information

DAVIS FAMILY (SECTION 8 HOUSING CHOICE VOUCHER)

Member	Name	Age	Disabled?	SSN	Citizen status
Head	David	55	Y	111-11-1111	Elig
Son	Dustin	28	N	222-22-2222	Elig
Daughter	Delilah	27	N	333-33-3333	Elig
Live-In Aide	Dutiful Dino	35	n/a	n/a	n/a

The Davis's live in a 4-bedroom unit where the Rent to Owner is \$950 and the family pays electric (for heating and cooking), water, sewer and provides the refrigerator. Their voucher lists a 4 bedroom family unit size.

Today's Date: **May 15, 2003**

Scenario:

The Davis family is up for recertification on July 1st. Their recertification interview has been conducted. At this interview the following facts were gathered.

David Davis is unemployed. He has stocks valued at \$6,000 from when he was able to work. The only money he receives is a monthly dividend check of \$25 from the stocks. He owns land valued at \$3,875.

Dutiful Dino, David's brother, is David's PHA-approved live-in aide. Dutiful also holds a full time position as a physical therapist at Happy Hills Care Center, earning \$1500 semi-monthly.

Dustin attends Cubzide's School of Culinary Arts carrying 12 credit hours, and also works part time as a dishwasher in the school cafeteria. He has a savings account with a balance of \$850.

Delilah works as a laborer for Bobby Brook Farms about 3 months of the year. Last year she earned \$935 at the farm. This year the farm anticipates a slight increase in pay if they have a good season.

Last year David's unreimbursed medical expenses (pharmacy bills) totaled \$562. Delilah and Dustin had no medical bills, but Dutiful claimed \$43 in out-of-pocket expenses for a visit to his physician.

The attached forms, including release forms and verifications, have been pulled from the family's file for use in this case study. No other relevant information was found in the file.

Program: ☐ Public Housing
☐ Section 8 HCV
☐ Housing: _____
☐ Other: _____

FAMILY ANNUAL REPORT

GENERAL FAMILY INFORMATION

Head of Household: DAVID DAVIS
 Present Street Address: 2070 GARDEN VIEW PL., CUBSIDE CITY, ST 55555
 Mailing Address: SAME
 Home Telephone: 101-555-1115 Work Telephone: 101-555-5111 (DUSTIN SCHOOL)

Household Members

Please list the legal names of all of the people who live with you. Start with the head of household, then spouse/co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relationship to Head of Household	Sex	Disabled ? Y/N	Age	Birth Date	Occupation or School Name	Social Security No.
1	DAVID DAVIS	SON	M	Y N	55	1-19-1948	UNEMPLOYED	111-11-1111
2	DUSTIN DAVIS	DAUGHTER	M	N	28	2-27-1975	CUBSIDE COUNTRY ARMS	222-22-2222
3	DELILAH DAVIS	LIVE-IN AIDE	F	N	27	1-21-1976	BOBBY BROOK FARMS	333-33-3333
4	DUTIFUL DINO		M	N	35	3-1-1968	HAPPY HILLS	
5								
6								
7								
8								
9								

Do you expect anyone to move in or out of your household within the next twelve months?

If yes, explain:

☐ Yes

☒ No

TOTAL INCOME RECEIVED BY HOUSEHOLD MEMBERS

List ALL money received or earned by everyone living in the household.

Employment Income: Include regular pay, overtime, bonuses, commissions and tips.

Self-Employment: Report both gross income and expenses.

For all income, report gross income.

Include: employment, self employment, unemployment, child support, regular contributions, social security, SSI, retirement, disability, workman's compensation, TANF, Veteran's Benefits, Rental Property income, Stock dividends, interest alimony, annuities and ALL other sources.

Family Member	Income Type	Amount	rate (hourly, weekly, etc)	Income Source (name & address)	Annual Income	If employed, # of hours per week
DELILAH	EMPLOYMENT	\$ 75.00	WEEKLY	Bobby Bagook Farms, Lost Rd, CUBA, MO 65555	\$ 975	15-18 hrs. for 13 wks.
DUSTIN	EMPLOYMENT	\$ 60.00	HOURLY	CULINARY ARTS, 150 ST, CUBA, MO	\$ 1575	8.75 for 30 wks
DUSTIN	EMPLOYMENT	\$ 1000	SEMI-MONTHLY	HAPPY HILLS, 1230 ST, CUBA, MO	\$ 30000	40
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	

Has anyone in your household applied for any benefits or money, which is in the process of being approved? ☐ Yes ☒ No

If yes, explain WHO, WHAT, and WHEN expected:

Does anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☒ No

If yes, explain WHO, WHEN, and FOR WHAT:

Are you entitled to money/income not reported above? Child Support: ☐ Yes ☒ No Alimony: ☐ Yes ☒ No

ASSET INFORMATION

List all assets, including bank accounts, trusts, real estate, property held as an investment, stocks, bonds, annuities, and savings bonds.

Asset Description	Belongs to	Location of Asset/ Financial Institution Name	Account # (N/A if does not apply)	Value of Asset	pays interest or dividends?
STOCKS	DAVID	Cubzide Mutual	81-99-2635	\$ 6000	25 MO.
LAND	DAVID	13450 Rosewood, Cubzide	N/A	\$ UNK	0
SAVINGS	DUSTIN	BANK USA	AB18192	\$ 850	1.75%
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Has any household member sold/disposed of any asset for less than market value in the last two years?

If yes, explain WHO, WHAT, WHEN:

☐ Yes ☒ No

ALLOWANCES AND DEDUCTIONS

CHILDCARE EXPENSES

Do you pay out of pocket (unreimbursed) childcare costs to work or attend school?

☐ Yes

☒ No

If yes, complete the following:

Child's Name	Child's age	Amount paid	Per (week, month, every two weeks, etc.)	Name, address and phone # of child care provider
		\$		
		\$		
		\$		

DISABILITY ASSISTANCE EXPENSES *(If NO family member disabled, OR if no family member works, skip to next question)*

List all unreimbursed ATTENDANT CARE expenses and AUXILIARY APPARATUS expenses (wheel chairs, vehicle adaptations, and similar expenses) anticipated to be paid over the next twelve months: ☒ None are anticipated

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
		\$		
		\$		
		\$		

MEDICAL EXPENSES (If Head of household, spouse or co-head is neither elderly nor disabled, skip to next question)

List all UNREIMBURSED family medical expenses anticipated to be paid over the next twelve months: ☐ None anticipated

Include Medicare premiums, other health insurance premiums, regular payments on medical bills, regular payments for prescription medicine and prescribed non-prescription medicine, and co-payment amounts.

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
DAVID DAVIS	Prescription	\$ 350	Yr.	CUBZIOG PHARMACY, 26 ST. 101-555-8222
DUTIFUL DINO	DR. VISIT	\$ 43	Yr.	JACOB MARLEY, M.D., 17C ST, 101-555-3333
		\$		
		\$		
		\$		

AUTHORIZATIONS AND CERTIFICATIONS

I understand that any misrepresentation of information or any failure to disclose information requested on this application may disqualify me from participation and/or may be grounds for eviction or termination of assistance. TITLE 18, SECTION 1001 OF THE U.S. CODE states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States or the Department of Housing and Urban Development is guilty of a felony.

Head of Household Name DAVID DAVIS Signature David Davis Date 5/1/03

Spouse or Other Adult: DUSTIN DAVIS Signature Dustin Davis Date 5/1/03

Spouse or Other Adult: DELLAN DAVIS Signature Dellan Davis Date 5/1/03

Spouse or Other Adult: DUTIFUL DINO Signature Dutiful Dino Date 5/1/03

Spouse or Other Adult: _____ Signature _____ Date _____

NARRATIVE FOR: DAVID DAVIS

03/14/2003 Annual reexamination packet mailed to the Davis family Hsg assistant 14

05/01/2003 David, Dustin and Delilah Davis along with Dutiful Dino came into the office for their annual reexamination. Interview completed, Dustin, Delilah and Dutiful are employed. Dutiful will continue to care for Mr. Davis due to his disability. Dustin goes to school, he stated he has a full load and carrying 12 units. Few medical expenses reported by the family. The family assets consist of: David's stocks valued at \$6,000 and he gets a check for \$25 each month. David also owns some land that has nothing located on it. Dustin has one savings account. Consent forms signed and 3rd party requests mailed today for income, disability and medical expenses. Hsg representative 01

05/15/2003 All verifications received and the new family share calculated. Notice mailed to the family with their new tenant rent to owner and amount of utility reimbursement payment. Notice mailed to the owner verifying family share and HAP. The family's TTP is the PHA minimum rent. Hardship exemption notice mailed to the family allowing for 2 weeks to respond and request an exemption. Hsg representative 01

05/30/2003 No request for minimum rent hardship exemption. Family's TTP remains as is using PHA minimum rent. Hsg representative 01

Post-Test

Davis Verifications

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Cubzide Housing Authority **5/1/03**

246 First Ave.

Cubzide City, ST 55555

Contact: Carl Caseworker

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures: <u>David Davis</u>		<u>5/1/03</u>	
Head of Household		Date	
<u>111-11</u>		<u>Dutiful Bird</u>	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	
		<u>5/1/03</u>	
		Date	
Spouse		Other Family Member over age 18	
<u>Delelah Davis</u>			
Other Family Member over age 18		Date	
<u>Dustin Davis</u>		<u>5/1/03</u>	
Other Family Member over age 18		Date	
		Other Family Member over age 18	
		Date	
		Other Family Member over age 18	
		Date	

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, David Davis, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age²); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - ☐ Permanent residence under §249 of INA⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA⁷; or
 - ☐ Amnesty under §245A of the INA⁸.

David Davis
Signature*

5/1/03
Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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I, Dustin Davis, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age²); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
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 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA⁷; or
 - ☐ Amnesty under §245A of the INA⁸.

Dustin Davis
Signature*

5/1/03
Date

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I, Delilah Davis, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age²); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
 - ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - ☐ Permanent residence under §249 of INA⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA⁷; or
 - ☐ Amnesty under §245A of the INA⁸.

Delilah Davis
Signature*

5/1/03
Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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I, Dutiful Dino, certify, under penalty of perjury¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age²); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
 - ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
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 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA⁷; or
 - ☐ Amnesty under §245A of the INA⁸.

Dutiful Dino
Signature*

5/1/03
Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

Certificate of Birth

Delta County
State

Name: David Davis

Date: January 19, 1948

Sex: Male

Birthplace: Delta County Hospital, Delta City,
State

Father: Drummond Davis
Residence: Delta City, State
Birthplace: Omega City, State
Birthdate: July 4, 1929

Mother: Della Davis
Maiden Name: Della Druid
Residence: Delta City, State
Birthplace: Blarney, Ireland
Birthdate: September 30, 1930

Signature of Authenticity:

Dwayne Dwight

January 26, 1948

Dwayne Dwight, Delta County Recorder

Date

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

THIS CHILD	FIRST NAME	MIDDLE	LAST NAME	SEX	BIRTH DATE
	Dustin		Davis	M	February 27 1975
BIRTH PLACE	HOSPITAL	ADDRESS		COUNTY	STATE
	Cubzide	987 12 th Ave. Cubzide City		Cubzide	State
CHILD'S FATHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	David		Davis	State	January 19 1948
CHILD'S MOTHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Donna		Davis	State	December 7 1947
CERTIFI- CATION OF BIRTH	ATTENDANT/ CERTIFIER NAME		ATTENDANT/ CERTIFIER SIGNATURE		DATE SIGNED
	J. T. Monroe		<i>J. T. Monroe</i>		03-05-1975

CUBZIDE CITY, ST

CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

THIS CHILD	FIRST NAME	MIDDLE	LAST NAME	SEX	BIRTH DATE
	Delilah		Davis	F	January 21 1976
BIRTH PLACE	HOSPITAL	ADDRESS		COUNTY	STATE
	Cubzide	987 12 th Ave. Cubzide City		Cubzide	State
CHILD'S FATHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	David		Davis	State	January 19 1948
CHILD'S MOTHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Donna		Davis	State	December 7 1947
CERTIFI- CATION OF BIRTH	ATTENDANT/ CERTIFIER NAME		ATTENDANT/ CERTIFIER SIGNATURE		DATE SIGNED
	J. T. Monroe		<i>J. T. Monroe</i>		01-28-1976

Certificate of Birth

Delta County
State

Name: Dutiful Dino

Date: March 1, 1968

Sex: Male

Birthplace: Delta County Hospital, Delta,
State

Father: Derodus Dino
Residence: Delta City, State
Birthplace: Delta City, State
Birthdate: September 11, 1932

Mother: Della Dino
Maiden Name: Della Druid
Residence: Delta City, State
Birthplace: Blarney, Ireland
Birthdate: September 30, 1930

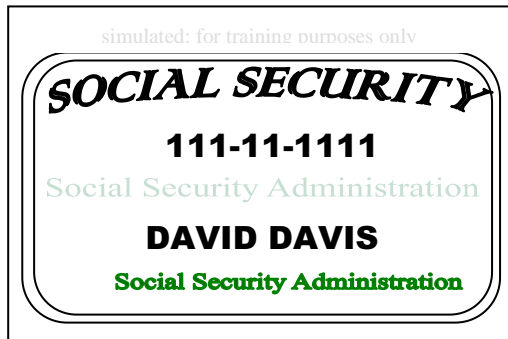
Signature of Authenticity:

Dwayne Dwight, Jr.

March 8, 1968

Dwayne Dwight, Delta County Recorder

Date



**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date
Dustin Davis	222-22-2222	01-16-03	01-31-03	02-05-03
Earnings/Compensation				
Description	Rate	Hrs	Amount	Year to Date
Wages	6.00	18	108.00	318.00
Deductions/Taxes/Miscellaneous				
Description	Amount	Year to Date		
Fed W/H	10.80	31.80		
FICA	6.70	19.72		
Medicare	1.57	4.61		
ST W/H	5.40	15.90		
Gross Pay:		108.00	Total Deductions:	24.47
			Net Pay:	83.53

**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date
Dustin Davis	222-22-2222	02-01-03	02-15-03	02-20-03
Earnings/Compensation				
Description	Rate	Hrs	Amount	Year to Date
Wages	6.00	17.5	105.00	423.00
Deductions/Taxes/Miscellaneous				
Description	Amount	Year to Date		
Fed W/H	10.50	42.30		
FICA	6.51	26.23		
Medicare	1.52	6.13		
ST W/H	5.25	21.15		
Gross Pay:		105.00	Total Deductions:	23.78
			Net Pay:	81.22

**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date
Dustin Davis	222-22-2222	02-16-03	02-28-03	03-05-03
Earnings/Compensation				
Description	Rate	Hrs	Amount	Year to Date
Wages	6.00	17	102.00	525.00
Deductions/Taxes/Miscellaneous				
Description	Amount	Year to Date		
Fed W/H	10.20	52.50		
FICA	6.32	32.55		
Medicare	1.48	7.61		
ST W/H	5.10	26.25		
Gross Pay:		102.00	Total Deductions:	23.10
			Net Pay:	78.90

**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date	
Dustin Davis	222-22-2222	03-01-03	03-15-03	03-20-03	
Earnings/Compensation				Deductions/Taxes/Miscellaneous	
Description	Rate	Hrs	Amount		Year to Date
Wages	6.00	17.5	105.00		630.00
Gross Pay:	105.00	Total Deductions:	23.78	Net Pay: 81.22	

**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start	Period End	Check Date		
Dustin Davis		222-22-2222		03-16-03	03-31-03	04-05-03		
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	6.00	18	108.00	738.00		Fed W/H	10.80	73.80
						FICA	6.70	45.76
						Medicare	1.57	10.70
						ST W/H	5.40	36.90
Gross Pay:		108.00	Total Deductions:		24.47	Net Pay: 83.53		

**Cubzide School of Culinary Arts, 15 B St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dustin Davis		222-22-2222		04-01-03		04-15-03		04-20-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Wages	6.00	17	102.00	840.00		Fed W/H	10.20	84.00	
						FICA	6.32	52.08	
						Medicare	1.48	12.18	
						ST W/H	5.10	42.00	
Gross Pay:		102.00		Total Deductions:		23.10		Net Pay: 78.90	

Verification of Income from Employment

Re. DUSTIN DAVIS

Social Security # 222-22-2222

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call CARL CASEWORKER.

Sincerely: Carl Caseworker

1. Employed Since: 9/24/2002 2. Job Title: DISHWASHER
3. Salary, Base Pay Rate: \$ 6.00 per hour \$ _____ per week \$ _____ per month
4. Average hours worked at Base Pay Rate: 8.5-9 hrs/week, or 30 WKS hrs/month in year.
5. Is this person likely to get Overtime? ☐ Yes ☒ No If yes, Overtime Pay Rate \$ _____ Hr
6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____
8. Is pay received for vacation? ☐ Yes ☒ No If yes, number of days/year: _____
9. Total Base Pay Earnings for last 12 months: \$ 1260.00
10. Total Overtime Earnings for the last 12 months: & _____

Firm Name: CUBSIDE SCHOOL OF CULINARY ART Address: 15 B ST., CUBSIDE ST 55555
Name of Person Completing this Form: PAUL PRUDHOMME Date: 5/9/03
Title: DIR. OF HUMAN RELATIONS Signature: Paul Prudhomme

Applicant/Tenant Release

I DUSTIN DAVIS hereby authorize the release of the requested information.

Dustin Davis

Signature

5/1/03

Date

BBF Bobby Brook Farms, Lost Road, Cubside City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		07-15-02		07-19-02		07-22-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	12	60.00	545.00		Fed W/H	6.00	54.50
						FICA	3.72	33.79
						Medicare	0.87	7.90
						ST W/H	3.00	27.25
Gross Pay:		60.00		Total Deductions:		13.59		Net Pay: 46.41

BBF Bobby Brook Farms, Lost Road, Cubside City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		07-22-02		07-26-02		07-29-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	15	75.00	620.00		Fed W/H	7.50	62.00
						FICA	4.65	38.44
						Medicare	1.09	8.99
						ST W/H	3.75	31.00
Gross Pay:		75.00		Total Deductions:		16.99		Net Pay: 58.01

BBF Bobby Brook Farms, Lost Road, Cubside City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		07-29-02		08-02-02		08-05-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	18	90.00	710.00		Fed W/H	9.00	71.00
						FICA	5.58	44.02
						Medicare	1.31	10.30
						ST W/H	4.50	35.50
Gross Pay:		90.00		Total Deductions:		20.39		Net Pay: 69.61

BBF Bobby Brook Farms, Lost Road, Cubzide City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		08-05-02		08-09-02		08-12-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	18	90.00	800.00		Fed W/H	9.00	80.00
						FICA	5.58	49.60
						Medicare	1.31	11.61
						ST W/H	4.50	40.00
Gross Pay:		90.00		Total Deductions:		20.39		Net Pay: 69.61

BBF Bobby Brook Farms, Lost Road, Cubzide City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		08-12-02		08-16-02		08-19-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	15	75.00	875.00		Fed W/H	7.50	87.50
						FICA	4.65	54.25
						Medicare	1.09	12.70
						ST W/H	3.75	43.75
Gross Pay:		75.00		Total Deductions:		16.99		Net Pay: 58.01

BBF Bobby Brook Farms, Lost Road, Cubzide City, ST 55555								
Employee Name		Employee SSN		Period Start		Period End		Check Date
Delilah Davis		333-33-3333		08-19-02		08-23-02		08-26-02
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	5.00	12	60.00	935.00		Fed W/H	6.00	93.50
						FICA	3.72	57.97
						Medicare	0.87	13.57
						ST W/H	3.00	46.75
Gross Pay:		60.00		Total Deductions:		13.59		Net Pay: 46.41

Verification of Income from Employment

Re. DELILAH DAVIS

Social Security # 333-33-3333

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call CARL CASEWORKER.

Sincerely: Carl Caseworker

1. Employed Since: 5/27/02 2. Job Title: LABORER
3. Salary, Base Pay Rate: \$ 5.00 per hour \$ 75.00 per week ^{APPROX.} \$ per month
4. Average hours worked at Base Pay Rate: 13-17 hrs/week, or 70 hrs/month in year.
5. Is this person likely to get Overtime? ☐ Yes ☒ No If yes, Overtime Pay Rate \$ Hr
6. Average number of Overtime hours expected during the next 12 months: 0 Hrs/Month
7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For NONE \$ per
8. Is pay received for vacation? ☐ Yes ☒ No If yes, number of days/year:
9. Total Base Pay Earnings for last 12 months: \$ LAST YEAR GROSS \$935.00
10. Total Overtime Earnings for the last 12 months: & NONE

ABOUT 13
WEEKS/YR.
EXPECTED

NOTE: MS. DAVIS WORKS SEASONAL FARMWORK - HARD TO PREDICT.

Firm Name: BOBBY BROOK FARMS Address: LOST RD, CUBZIDE ST 55555

Name of Person Completing this Form: DON AVILA Date: 5-10-03

Title: VICE PRESIDENT Signature: Don Avila

Applicant/Tenant Release

I DELILAH DAVIS hereby authorize the release of the requested information.

Delilah Davis

Signature

5/1/03

Date

**Happy Hills Care Center, 123 Q St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dutiful Dino		444-44-4444		01-16-03		01-31-03		02-05-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Regular			1500.00	3000.00		Fed W/H	225.00	450.00	
						FICA	93.00	186.00	
						Medicare	21.75	43.50	
						ST W/H	75.00	150.00	
Gross Pay:		1500.00	Total Deductions:		414.75	Net Pay:		1085.25	

**Happy Hills Care Center, 123 Q St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date	
Dutiful Dino	444-44-4444	02-01-03	02-15-03	02-20-03	
Earnings/Compensation				Deductions/Taxes/Miscellaneous	
Description	Rate	Hrs	Amount		Year to Date
Salary			1500.00		4500.00
Gross Pay:	1500.00	Total Deductions:	414.75	Net Pay: 1085.25	

**Happy Hills Care Center, 123 Q St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dutiful Dino		444-44-4444		02-16-03		02-28-03		03-05-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Salary			1500.00	6000.00		Fed W/H	225.00	900.00	
						FICA	93.00	372.00	
						Medicare	21.75	87.00	
						ST W/H	75.00	300.00	
Gross Pay:		1500.00	Total Deductions:		414.75	Net Pay:		1085.25	

**Happy Hills Care Center, 123 Q St., Cubside City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dutiful Dino		444-44-4444		03-01-03		03-15-03		03-20-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Salary			1500.00	7500.00		Fed W/H	225.00	1125.00	
						FICA	93.00	465.00	
						Medicare	21.75	108.75	
						ST W/H	75.00	375.00	
Gross Pay:		1500.00	Total Deductions:		414.75	Net Pay:		1085.25	

**Happy Hills Care Center, 123 Q St., Cubside City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dutiful Dino		444-44-4444		03-16-03		03-31-03		04-05-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Salary			1500.00	9000.00		Fed W/H	225.00	1350.00	
						FICA	93.00	558.00	
						Medicare	21.75	130.50	
						ST W/H	75.00	450.00	
Gross Pay:		1500.00	Total Deductions:		414.75	Net Pay:		1085.25	

**Happy Hills Care Center, 123 Q St., Cubside City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Dutiful Dino		444-44-4444		04-01-03		04-15-03		04-20-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Salary			1500.00	10500.00		Fed W/H	225.00	1575.00	
						FICA	93.00	651.00	
						Medicare	21.75	125.25	
						ST W/H	75.00	525.00	
Gross Pay:		1500.00	Total Deductions:		414.75	Net Pay:		1085.25	

Verification of Income from Employment

Re. DUTIFUL DINO

Social Security # (UNAVAILABLE)

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call CARL CASEWORKER

Sincerely: Carl Caseworker

-
1. Employed Since: 1997 2. Job Title: PHYSICAL THERAPIST
 3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ 3000 per month
 4. Average hours worked at Base Pay Rate: 40 hrs/week, or _____ hrs/month in year.
 5. Is this person likely to get Overtime? ☐ Yes ☒ No If yes, Overtime Pay Rate \$ _____ Hr
 6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
 7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For N/A \$ _____ per _____
 8. Is pay received for vacation? ☒ Yes ☐ No If yes, number of days/year: 10
 9. Total Base Pay Earnings for last 12 months: \$ 34,565
 10. Total Overtime Earnings for the last 12 months: & N/A
-

Firm Name: HAPPY HILLS CARE CENTER Address: 123 Q ST, CUBESIDE ST 55555

Name of Person Completing this Form: SARAH VAUGHAN Date: 5/8/03

Title: PAYROLL CLERK Signature: Sarah Vaughan

Applicant/Tenant Release

I Dutiful Dino hereby authorize the release of the requested information.

Dutiful Dino Signature 5/1/03 Date

Cubzide Housing Authority

DISABILITY VERIFICATION FORM

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. The resident has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, Carl Caseworker, Cubzide HA, 246-1st Ave., Cubzide

The Department of Housing and Urban Development defines a disabled person in 3 ways:

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, Donald Kim, M.D., hereby certify that David Davis (person signing the release below should be considered disabled in accordance with definition number 1 above.)

Name and Title Donald Kim, M.D. Date 5/11/03
Signature DKim, M.D. Phone 555-9876

TENANT/APPLICANT RELEASE

I, David Davis, hereby authorize the release of the requested information.

Signature David Davis Date 5/11/03

NOTE: MR. DAVIS HAS RHEUMATOID ARTHRITIS AND
REQUIRES REGULAR ASSISTANCE WITH PERSONAL CARE.
DAVIS, M.D.

Cubzide Housing Authority
PRESCRIPTION VERIFICATION

TO WHOM IT MAY CONCERN: Federal Law requires Public Housing Authorities to verify medical expenses incurred by elderly residents so that such expenses may be taken into consideration when computing rents. You will note that the resident has signed a release, below, giving you permission to supply us with this information. If you could fill out the form below and return it at your earliest convenience in the self-addressed stamped envelope, it would be greatly appreciated.

Sincerely yours, Carl Caseworker, Cubzide Housing Authority

I hereby certify that David Davis may anticipate the following costs for prescription medicines in the year beginning 7/1/03 and ending 6/30/04, based on his/her past medical history.

	Cost per <u>Refill</u>	Frequency of <u>Refill</u>	Paid by Insurance? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>
1.	_____		
2.	_____		
3.	<u>Please see attached.</u>		
4.	_____		
5.	_____		
6.	_____		

Signature and Title

Date

Pharmacy

Phone

TENANT/APPLICANT RELEASE

I, David Davis, hereby authorize the release of the requested information.

David Davis
Signature

5/1/03
Date

.....

2 E Street
Cubzide City, St 55555
101.555.2222

Cubzide Pharmacy

May 11, 2003

Cubzide Housing Authority
246 First Ave.
Cubzide City, State 55555

Dear Carl Caseworker:

David Davis is not currently purchasing any prescription medications that are not covered in full by the government. However, he does have an outstanding balance of \$332 on his account with us, which he has been paying off in monthly installments. The last payment is due by the end of the year.

For your information, Mr. Davis's out-of-pocket prescription costs last year amounted to \$562.

Sincerely,

Celeste Celebrex

Celeste Celebrex
Owner

We Feel Your Pain

.....

**Cubzide Housing Authority
MEDICAL VERIFICATION**

Date: May 1, 2003

RE: Dutiful Dino

Dear Sir/Madam:

Since the rental rates on apartments can be reduced for some families with medical expenses, we are required by law to obtain certain information with regard to these medical expenses. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

Your prompt return of this letter will be appreciated. If you have any questions, please call Carl Caseworker at Cubzide Housing Authority, 555-5555.

Sincerely, Carl Caseworker

Is this Individual's Condition likely to continue for the coming 12 months? ☐ yes ☒ no

Type of Service You Provide to Applicant (check all appropriate):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Physician Care | <input type="checkbox"/> Dental Care |
| <input checked="" type="checkbox"/> Hospital/Clinic Care | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Other (Please specify) |

**Amount due for
urgent care
provided 10/23/00.
Mr. Dino is paying
\$10 per month
against this
outstanding
bill.*

Projected Cost of Services During Next 12 Months \$ 43*

Does the applicant require a private bedroom for medical reasons? ☐ yes ☐ no

Does applicant need any special features in the unit because of a disability ☐ yes ☐ no

Ann Abacus

5/11/03

Signature

Date

Ann Abacus, Accounting Supervisor

Name and Title

Cubzide Medical Clinic, 410 Maple St., Cubzide, ST 55555

Address

TENANT/APPLICANT RELEASE

I, Dutiful Dino, hereby authorize the release of the requested information.

Dutiful Dino

5/1/03

Signature

Date

Cubzide Housing Authority
FULL-TIME STUDENT VERIFICATION

Re: Dustin Davis

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call Carl Caseworker at 555-5555

Sincerely, Carl Caseworker

Name of Educational Institution: Cubzide School of Culinary Arts

Address: 15 B St., Cubzide City, ST 55555

Check Applicable Space:

Referenced individual ☒ is ☐ is not a full-time student in good standing at this institution.

Years Remaining to Complete Degree or Program: 1 1/2 years

Remarks: _____

R. R. Recorder

DEAN OF RECORDS

5/8/03

TENANT/APPLICANT RELEASE

I, Dustin Davis, hereby authorize the release of the requested information.

Dustin Davis

5/1/03

Signature

Date

Cubzide Mutual

One Market Street Cubzide City ST 55555 101-555-1015

David Davis
2070 Garden View Place
Cubzide City, ST 55555

Investment Report

April 30, 2003, year-to-date

Account Number: 81-99-2635
Account Type: Individual

Investment Accounts	CUSIP	Ticker	Value on 1/1/2003	Value on 4/30/2003
Cubzide Fixed Income	123456-78-9	CUBFI	\$6,162.52	\$6,000.00

Total Portfolio Value	Value on 1/1/2003	Value on 4/30/2003
	\$6,162.52	\$6,000.00

Income Year-to-Date: \$100.00

Portfolio Allocation

Short-term investments	0%
Bonds	0%
Stocks	100%

Account Activity Year-to-Date

Purchases	\$0.00
Withdrawals	\$100.00

Account Transactions 01/01/2003–04/30/2003

Date	Transaction Description	Dollar Amount	Share Price	Shares This Transaction	Share Balance
	Beginning value	\$6,162.52	\$12.63		487.927
01/01/2003	Income Dividend, Paid Out	\$25.00	\$12.72	1.965	485.962
02/01/2003	Income Dividend, Paid Out	\$25.00	\$12.69	1.970	483.992
03/01/2003	Income Dividend, Paid Out	\$25.00	\$12.55	1.992	482.000
04/01/2003	Income Dividend, Paid Out	\$25.00	\$12.50	2	480.000
	Ending value	\$6,000.00	\$12.50		480.000



Cubzide Brokerage
100 Wall Street
Cubzide City, ST 55555

May 2, 2003

Cubzide Housing Authority
246 First Avenue
Cubzide City, ST 55555

Re: David Davis, 2070 Garden View Place, Cubzide City, ST 55555

Dear Cubzide Housing Authority:

In response to a request of my client David Davis, I am sending you this letter to verify that my current brokerage fee for buying or selling stock with a cash value of less than ten thousand dollars (\$10,000) is seven percent (7%).

Yours truly,

Drake Drabble

Drake Drabble
Financial Adviser & Security Dealer



Bank U.S.A.

51 3RD ST
CUBZIDE CITY, ST 55555

STATEMENT OF ACCOUNT

*"We treat your money as
though it were our own!"*

DUSTIN DAVIS
2070 GARDEN VIEW PL.
CUBZIDE CITY, ST 55555

STATEMENT DATE: MAY 1, 2003

ACCOUNT NUMBER: AB18192

STATEMENT PERIOD:

FROM: 03-31-03
To: 04-30-03

REGULAR SAVINGS	BANK U.S.A.	FDIC-INSURED
-----------------	-------------	--------------

INTEREST RATE: 1.75%

YTD INTEREST PAID: \$3.84

BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
\$706.54	\$20.00	\$163.46	\$850.00

ACCOUNT ACTIVITY

DATE	AMOUNT	TRANSACTION TYPE	BALANCE
04-20	78.90	DEPOSIT	850.00
04-10	20.00	ATM WITHDRAWAL	771.10
04-05	83.53	DEPOSIT	791.10
04-01	1.03	INTEREST	707.57

Appraisals R Us

101 Main Street
Cubzide City, State 55555

May 4, 2003

Cubzide Housing Authority
246 First Avenue
Cubzide City, State 55555

Re: David Davis
Parcel #98207, Lot #276

To Whom It May Concern:

Cubzide County records confirm that David Davis is the owner of a vacant lot measuring 40 feet by 60 feet located at 13450 Rosewood in Cubzide City. On the basis of recent sales of similarly situated properties in the same neighborhood, I estimate the current market value of the lot to be approximately \$3,875. The customary sales charge for selling such a lot is currently \$175. A copy of my appraisal is attached.

Yours truly,

C. C. Case

C. C. Case
Certified Appraiser
State-Licensed Appraiser

Att. 1

PROPERTY APPRAISAL

DATE: May 4, 2003

APPRAISAL REQUESTED BY: David Davis
2070 Garden View Place
Cubzide City, State 55555

APPRAISAL CONDUCTED BY: C. C. Case, CA, SLA

PROPERTY ID: Parcel #98207, Lot # 276

LOCATION: 13450 Rosewood, Cubzide City,
State 55555

DESCRIPTION: Vacant lot measuring 40 feet by 60
feet (2,400 square feet) adjacent to
two single-family dwellings

OWNER OF RECORD: David Davis

EST. CURRENT MARKET VALUE: \$3,875.00

EST. SALES CHARGE: \$175.00

C. C. Case

May 4, 2003

C. C. Case, CA, SLA

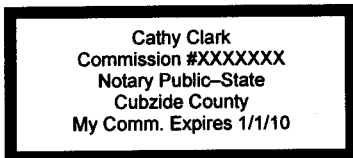
Date

State of State } ss.

County of Cubzide

- ☐ See Attached Document (Notary to cross out lines 1–11 below).
☐ See Statement Below (Lines 1–11 to be completed only by document signer[s], not the Notary).

1 I, David Davis, certify that I owe no money on my
2 piece of property at 13450 Rosewood in Cubzide City,
3 State (parcel number 98207, lot number 276).
4
5
6
7
8
9
10
11 David Davis
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)



Subscribed and sworn to (or affirmed) before me this

1st day of May, 2003, by

(1) David Davis
Name of Signer No. 1

(2) _____
Name of Signer No. 2 (if any)

Cathy Clark
Signature of Notary Public

Post-Test

RIM Worksheets

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

B. Annual Income and Assets Worksheet

Assets Table:

	Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income
1.a.				\$	\$
b.				\$	\$
c.				\$	\$
d.				\$	\$
e.				\$	\$
f.				\$	\$
g.				\$	\$
h.				\$	\$
2.	Totals:			\$	\$
3.	Current Passbook Rate:			%	
4.	Imputed Asset Income (Total Net Cash Value > \$5000):			\$	
5.	Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):				

\$

Annual Income Table:

	Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions
1.a.				\$	\$	(\$)	\$
b.				\$	\$	(\$)	\$
c.				\$	\$	(\$)	\$
d.				\$	\$	(\$)	\$
e.				\$	\$	(\$)	\$
f.				\$	\$	(\$)	\$
g.				\$	\$	(\$)	\$
h.				\$	\$	(\$)	\$
i.				\$	\$	(\$)	\$
j.				\$	\$	(\$)	\$
k.				\$	\$	(\$)	\$
2.	Total:						\$
3.	Final Asset Income (from Asset Table):						\$
4.	TOTAL ANNUAL INCOME:						\$

\$

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

C. Dwelling Unit / Utility Allowance Worksheet

Utility Allowance Table:

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating		\$	Trash	\$
Cooking		\$	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$
Water		\$	Other:	\$
Sewer		\$	Other:	\$
Total Utility Allowance for dwelling unit (if none, enter \$0):				\$

Utility Allowance Table Instructions:

Instructions	
<p>In the public housing program, where the tenant family is paying an <u>income-based rent</u> and is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, the family must be given a utility allowance. Families paying a <u>flat rent</u> do not receive a utility allowance. Utilities for which the family is responsible should be reflected on the family's dwelling lease.</p> <p>In the Section 8 HCV program, any family who is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, must be given a utility allowance.</p> <ul style="list-style-type: none"> • Generally, for a recent admission family, a mover family moving with continued assistance within the PHA's jurisdiction, or a portability-in family, the file should include a form HUD-52517, <u>Request for Tenancy Approval</u>, which fully outlines the utility combination for the unit and responsibility for utilities. However, the PHA may have determined that the owner's proposed rent was not rent reasonable and the owner subsequently changed the rent amount. One approach to changing the rent amount might have been a change in responsibility for certain utilities – e.g., the owner might have elected to assume responsibility for providing additional utilities under the lease. In this case, the utility combination on the HUD-52517 would need to be revised to reflect these changes in utility responsibilities. • For a reexamination family, the utility combination might have changed significantly since the prior reexamination (or initial leasing). Both the dwelling lease and the HAP contract should specify the current combination of utilities and appliances, particularly if these have changed. <p>Based on the file documentation, determine if the family is responsible for some or all utilities in the dwelling unit and complete the table by noting the appropriate Utility Allowance (UA) amount for each utility supplied by the family. Utility allowances should be based on the PHA's schedule or schedules for such allowances, taking into account the size and type of unit and the type of utility used. Note that, even between units of the same bedroom size in the same project, utility allowances may vary due to actual unit physical size, location within the project, types of utilities applicable to different units, etc.</p> <p>Total all of the scheduled UA amounts to arrive at the Total Utility Allowance amount for the unit. Enter this total in the space provided on this line. Cross check with HUD-50058, line 10e. or line 10r. for the public housing program. Cross check with HUD-50058, line 12m.. for the Section 8 HCV program.</p>	

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

D. Adjusted Income Worksheet

Dependent Deduction:

1.a. Total number of dependents in Family:

b. **Dependent Deduction** (Total number of dependents X \$480): \$

Elderly / Disabled Family Deduction:

	Yes	No	Unclear
2.a. Family qualifies as "Elderly" or "Disabled" family?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. If "Yes", enter \$400 Elderly / Disabled Family Deduction . If "No", enter \$0:	\$ <input type="text"/>		

Medical Expenses

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
d.				\$ <input type="text"/>
e.				\$ <input type="text"/>
f.				\$ <input type="text"/>
4.	Total Annual Medical Expense: \$ <input type="text"/>			

Disability Assistance Expenses

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
d.				\$ <input type="text"/>
e.				\$ <input type="text"/>
6.	Total Annual Disability Assistance Expenses: \$ <input type="text"/>			

Medical / Disability Assistance Expenses Deduction:

	Yes	No	Unclear
7. Three (3) percent of Annual Income (Annual Income Table Line 4. x 0.03):			
8.a. Family includes both "disabled" family member(s) and employed family member(s)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Family incurs disability assistance expenses to enable family member(s) to be employed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Amount of disability assistance expenses that are unreimbursed & reasonable:	\$ <input type="text"/>		
9. Line 8.c. minus Line 7. :	\$ <input type="text"/>		
<ul style="list-style-type: none"> If result is a negative number and Line 2.a. is "Yes", copy amount from Line 8.c. If result is a negative number and Line 2.a. is "No", enter \$0 			
10. Amount of employment income made possible by disability assistance expenses:	\$ <input type="text"/>		
11. The <u>lower</u> amount of Line 9. or Line 10. :	\$ <input type="text"/>		
<ul style="list-style-type: none"> If Line 8.c. is less than Line 7. and Line 2.a. is "Yes", copy amount from Line 9. 			

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

D. Adjusted Income Worksheet

12. If **Line 2.a.** is "Yes", amount of unreimbursed medical expenses for entire family: \$

13. Sum of **Line 11.** and **Line 12.**: \$

14. **Medical / Disability Assistance Expenses Deduction:** \$

- If **Line 8.c.** = \$0, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is less than **Line 7.**, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
- If **Line 8.c.** is greater than or equal to **Line 7.**, enter amount from **Line 13.**

Child Care Expenses

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount
15.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
d.				\$ <input type="text"/>
e.				\$ <input type="text"/>
16.	Total Annual Child Care Expenses: \$ <input type="text"/>			

Child Care Expenses Deduction:

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Amount of unreimbursed, reasonable child care costs incurred by family: \$ <input type="text"/>			
18.a.	Family has any member(s) employed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Child care costs enable member(s) to be employed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	Amount of employment income enabled by child care costs: \$ <input type="text"/>			
d.	Amount on Line 17.b. , not to exceed amount on Line 18.c. \$ <input type="text"/>			
19.a.	Family has any member(s) furthering education?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Child care costs enable member(s) to further education?	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	Child Care Expenses Deduction: \$ <input type="text"/>			

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

P.H. Permissive Deductions

	Family Member	Type of Deduction	Date of Verification	Annual Amount
21.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
22.	PH: Total Permissive Deductions: \$ <input type="text"/>			

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

D. Adjusted Income Worksheet

23.	Total Annual Income:	\$
24.	Total All Deductions:	\$
25.	TOTAL ADJUSTED INCOME = Line 23. minus Line 24.: \$	

D. Adjusted Income Worksheet

Adjusted Income Instructions:

Line	Instructions
1.a.	Indicate the total number of dependents in the household. Dependents include any family members who are under age 18, have a disability, or are full-time students of any age. Dependents who are temporarily absent from the home, but listed on the lease, should be included. Dependents do not include household members who are head of household, spouse of head, foster children, foster adults, live-in aides, the children of live-in aides, or any other members of the household who are not considered family members. Refer to the Tenant File Review Checklist table under section A. Family Composition , to identify family member dependents.
1.b.	Calculate the total Dependent Deduction for the family. The standard dependent deduction is \$480 per dependent. Cross check with HUD-50058, line 8r., to ensure that PHA has used the standard deduction amount in its calculation. Multiply Line 1.a. times \$480. Cross check total dependent deduction amount, as reflected in tenant file, with HUD-50058, line 8s
2.a.	Confirm whether the family qualifies as an “elderly” or “disabled” family. For the family to qualify for this deduction, the head of the family, the spouse of the head, or the sole member of the family must be a person age 62 or over, <u>or</u> be a disabled person. Refer to the Tenant File Review Checklist table under section A. Family Composition , where age and disability status of family head and spouse were established.
2.b.	If the answer on Line 2.a. is “Yes”, calculate the Elderly/Disabled Family Deduction for the family. The standard “elderly/disabled” family deduction is \$400 per family. Note that this deduction is <u>per family</u> , not per individual. Cross check with HUD-50058, line 8p., to ensure that PHA has used the standard deduction amount in its calculation.

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

F. Section 8 HCV Rent and HAP Worksheet

Total Tenant Payment (TTP)

1.a.	Monthly Income (Annual Income ÷ 12):	\$
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$
e.	Welfare Rent (if applicable):	\$
f.	Minimum Rent:	\$
g.	"Enhanced Voucher" Minimum Rent (if applicable):	
2.	TOTAL TENANT PAYMENT (TTP)	\$

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

Payment Standard

Recent Admission / Mover / Portability-In / Enhanced Voucher Family:

3.	Payment Standard :	\$
----	--------------------	----

Reexamination Family:

	Yes	No	Unclear
4. <u>Current</u> Payment Std. based on:			
a. actual unit size:	\$		
b. subsidy std.:	\$		
5. <u>Prior</u> Payment Std. based on:			
a. actual unit size:	\$		
b. subsidy std.:	\$		
6.a. Based on actual unit size— <u>current</u> Pay. Std. <i>increased or remained the same</i> over <u>prior</u> Pay. Std.?			
b. If "Yes", record <u>Current</u> reexam Payment Std., based on actual unit size, from Line 4.a.	\$		
c. If "No", record <u>Prior</u> reexam Payment Std., based on actual unit size, from Line 5.a.	\$		
7.a. Based on subsidy std.— <u>current</u> Pay. Std. <i>increased or remained the same</i> over <u>prior</u> Pay. Std.?			
b. If "Yes", record <u>Current</u> reexam Payment Std., based on subsidy std., from Line 4.b.	\$		
c. If "No", record <u>Prior</u> reexam Payment Std., based on subsidy std., from Line 5.b.	\$		
8.	Payment Standard :	\$	

Gross Rent and Total HAP

9.	Rent to Owner:	\$
10.	Utility Allowance:	\$
11.	Gross Rent (Line 9. + Line 10.):	\$
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$
c.	Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b. :	\$

Tenant File Review Checklist Worksheets
Rental Integrity Monitoring
Public Housing / Sec. 8 Housing Choice Voucher

F. Section 8 HCV Rent and HAP Worksheet

Family Rent to Owner and HAP to Owner (Non-prorated)

Recent Admission / Mover / Portability-In Family:

13.a.	40% of Monthly Adjusted Income (Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

Reexamination / Enhanced Voucher Family:

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
-----	--	----

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

Family Rent to Owner and HAP to Owner (Prorated)

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative

Post-Test

PHA 50058 Forms

Head of household name	Davis	Social Security Number	111-11-111	Date modified (mm/dd/yyyy)	07/01/2003
------------------------	--------------	------------------------	-------------------	----------------------------	-------------------

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
David	1	Stocks		\$ 6,000	\$ 300
David	1	Land	3875 – 175	\$ 3,700	\$ 0
David	2	Savings		\$ 850	\$ 15
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f, 6g. Column totals				\$ 10,550 6f.	\$ 315 6g.
6h. Passbook rate (written as decimal)					0. 02 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 211 6i.
6j. Final asset income: larger of 6g or 6i					\$ 315 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
Dustin	2	W	6X8.75X30	\$ 2575	\$ 1575	\$ 0
Delilah	3	W	75x13	\$ 975	\$	\$ 975
Dutiful	4	W	1500x24	\$ 36000	\$ 36000	\$ 0
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 975 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 1290 7i.

7b: Income Codes

Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance	SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
--	--	---	---

Head of household name	Davis	Social Security Number	111-11-111	Date modified (mm/dd/yyyy)	07/01/2003
------------------------	--------------	------------------------	-------------------	----------------------------	-------------------

8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$ 1290 8a.
---------------------------------------	--------------------

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

If head/spouse/co-head is under 62 and no family member disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$ 39 8f.
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$ 8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$ 8h.
If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$ 8h.
If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$ 8h.
8i. Earnings in 7d made possible by disability assistance expense	\$ 8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$ 8j.
8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$ 375 8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$ 375 8m.
8n. Medical/disability assistance allowance:	
If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$ 336 8n.
If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$ 8n.
8p. Elderly/disability allowance (default = \$400)	\$ 400 8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide).	1 8q.
8r. Allowance per dependent (default = \$480)	\$ 480 8r.
8s. Dependent allowance: 8q X 8r	\$ 480 8s.
8t. Total annual unreimbursed childcare costs	\$ 8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$ 8u.
8v. Reserved	
8w. Reserved	
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	\$ 1216 8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$ 74 8y.

Head of household name	Davis	Social Security Number	111-11-111	Date modified (mm/dd/yyyy)	07/01/2003
------------------------	--------------	------------------------	-------------------	----------------------------	-------------------

9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	108	9a.
9b. Reserved			
9c. TTP if based on annual income: $9a \times 0.10$	\$	11	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	6	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		30	9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	2	9f.
9g. Welfare rent per month (if none, put 0)	\$	0	9g.
9h. Minimum rent (if waived, put 0)	\$	0	9h.
9i. Enhanced Voucher minimum rent	\$		9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	11	9j.
9k. Most recent TTP	\$	25	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)		Y	9m.

Head of household name	Davis	Social Security Number	111-11-111	Date modified (mm/dd/yyyy)	07/01/2003
------------------------	--------------	------------------------	-------------------	----------------------------	-------------------

12. Section 8 Vouchers

12a. Number of bedrooms on Voucher		4	12a.
12b. Is family now moving to this unit? (Y or N)		N	12b.
12c. Does the family qualify as a Hard to House family? (Y or N)		Y	12c.
12d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		N	12d.
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
12g. Housing type:	<input type="checkbox"/> Group home (prorate gross rent)		
<input type="checkbox"/> Own manufactured home, lease space	<input type="checkbox"/> SRO: 1 room occupied by 1 person		
12h. Owner name		B. Jackson	12h.
12i. Owner TIN/SSN		010-10-1018	12i.
12j. Payment standard for the family	\$	1115	12j.
12k. Rent to owner	\$	950	12k.
12m. Utility allowance, if any	\$	140	12m.
12n. Reserved			
12p. Gross rent of unit: 12k + 12m (or Space Rent)	\$	1090	12p.
12q. Lower of 12j or 12p (if Premerger Voucher contract, see Instruction Booklet)	\$	1090	12q.
12r. TTP: copy from 9j	\$	11	12r.
12s. Total HAP: 12q minus 12r	\$	1079	12s.
Rent Calculation (if prorated rent, skip to 12ab)			
12t. Total family share: 12p minus 12s	\$	11	12t.
12u. HAP to owner: lower of 12k or 12s	\$	950	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	0 12v.
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m		\$	129 12w.
Prorated Rent Calculation			
12aa. Reserved			
12ab. Normal total HAP: copy from 12s, but do not exceed 12p		\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae			12af.
12ag. Mixed family total family contribution: 12p minus 12af	\$		12ag.
12ah. Utility allowance: copy from 12m	\$		12ah.
12ai. Mixed family tenant rent to owner: 12ag minus 12ah	If positive or 0, put tenant rent		\$ 12ai.
	If negative, credit tenant	or CR	\$ 12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		\$	12aj.
12ak. Reserved			

Post-Test

RIM Tenant Review Checklist

Appendix A

Tenant File Review Checklist

Rental Integrity Monitoring

Public Housing / Sec. 8 Housing Choice Voucher

PHA Name:

PHA No.:

HUD Reviewer:

Date of Review:

Last Name of Family Head:

SSN of Family Head:

A. Family Composition

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? √	Dis? √	C/EI? √
1.a.			Head						
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									

Recent Admission Family only:

2.a.	Date of Admission:				
			Yes	No	Unclear
b.	Application materials complete and capture all information for eligibility, income and rent?				
c.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?				
d.	Family composition and characteristics identified? Verified & documented?				
e.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?				
f.	Evidence of citizenship or eligible immigration status for all members? Verified & documented?				

Reexamination Family only:

3.a.	Current Reexam Effective Date:		Prior Reexam/Admission Effective Date:		
b.	Reexam Type:	 Annual Income & Composition	 Interim / Special / Other		
		 3-Year Income & Composition (PH only)	 Annual Composition (PH only)		
				Yes	No
c.	All Sec. 8 HCV only: PHA conducts <u>annual</u> reexam of income & composition?				Unclear
d.	All PH only: PHA conducts <u>annual</u> reexam of composition?				
e.	PH income-based rent only: PHA conducts <u>annual</u> reexam of income?				
f.	PH flat rent only: PHA conducts at least <u>3-year</u> reexam of income?				
g.	Reexamination materials complete and capture all information for eligibility, income and rent?				
h.	Family composition & characteristics identified, including new members? Verified & documented?				
i.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?				
j.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?				
k.	Evidence of citizenship / eligible immigration status for all members? Verified & documented?				

Shaded cells represent information which may be cross-referenced with HUD-50058

B. Annual Income and Assets

* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	Final Asset Income (ref. HUD-50058, line 6j.):	PHA: * \$	HUD: * \$			
2.	PHA identifying assets for all family members? Verified & documented?			Yes	No	Unclear
3.	PHA accurately calculating net cash value of assets?					
4.	PHA accurately calculating anticipated actual income from assets?					
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?					
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?					
7.	TOTAL ANNUAL INCOME (ref. HUD-50058, line 7i.):	PHA: * \$	HUD: * \$			
8.	Wages and earned income accurately calculated, verified & documented?			Yes	No	Unclear
9.	Earned income exclusion/disallowance accurately calculated?					
10.	PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?					
11.	Welfare benefit income accurately calculated, verified & documented?			Yes	No	Unclear
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?					
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?					
14.	SS/SSI/pension income accurately calculated, verified & documented?			Yes	No	Unclear
15.	"Other" income accurately calculated, verified & documented?					
16.	Total Annual Income accurately calculated, verified & documented?			Yes	No	Unclear

C. Dwelling Unit / Utility Allowance

** For detailed calculations, refer to **C. Utility Allowance Worksheet** in Appendix C

1.a.	Unit Address:		b.	No. of Bedrooms:		
2.a.	PH only – Project Name:		b.	PH only – Project No.		
3.a.	Tenant family responsible for some or all utilities in unit?			Yes	No	Unclear
b.	Total Utility Allowance (ref. HUD-50058, line 10e., 10r., 12m.):	PHA: ** \$	HUD: ** \$			
c.	Correct Utility Allowance used, computed accurately?					

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D. Adjusted Income

* For detailed calculations, refer to **D. Adjusted Income Worksheet** in Appendix C

		PHA:	* \$	HUD:	* \$	Yes	No	Unclear
1.a	Dependent Deduction (ref. HUD-50058, line 8r. and 8s.):	PHA:	* \$	HUD:	* \$			
b.	Dependent Deduction accurately calculated; verified & documented by PHA?							
2.a	Elderly / Disabled Family Deduction (ref. HUD-50058, line 8p.):	PHA:	* \$	HUD:	* \$			
b.	Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?							
3.a.	Medical/Disability Assistance Expenses Deduction: (ref. HUD-50058, line 8n.):	PHA:	* \$	HUD:	* \$			
b.	Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?							
4.a.	Child Care Expenses Deduction (ref. HUD-50058, line 8t.):	PHA:	* \$	HUD:	* \$			
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?							
5.a.	Public Housing only: Permissive Deductions: (ref. HUD-50058, line 8e.):	PHA:	* \$	HUD:	* \$			
b.	Permissive deduction accurately calculated; verified & documented by PHA?							
6.a.	Total All Deductions (ref. HUD-50058, line 8x.):	PHA:	* \$	HUD:	* \$			
b.	Total All Deductions accurately calculated; verified & documented by PHA?							
7.a.	TOTAL ADJUSTED INCOME (ref. HUD-50058, line 8y.):	PHA:	* \$	HUD:	* \$			
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?							

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Complete Section E. for a Public Housing family only.

E. Rent – Public Housing only

* For detailed calculations, refer to **E. Public Housing Rent Worksheet** in Appendix C

1.a.		Family offered choice of rent methods:	<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear			
Yes	No	Unclear							
b.	Tenant Rent is:	<input type="checkbox"/> Income-based <input type="checkbox"/> Flat							

Income-based Rent:

2. Income-based Rent method is: ☐ **Traditional** ☐ **PHA Alternative**

Traditional TTP	3.	TTP – traditional method (ref. HUD-50058, line 9j., 10d.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$			
	PHA:	* \$									
	HUD:	* \$									
	4.	Traditional income-based TTP accurately calculated?			<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear			
	Yes	No	Unclear								
5.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?			<table border="1"><tr><td></td><td></td><td></td></tr></table>							
5.b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?			<table border="1"><tr><td></td><td></td><td></td></tr></table>							
6.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?			<table border="1"><tr><td></td><td></td><td></td></tr></table>							

PHA Income-based TTP	7.	TTP – alternative method (ref. HUD-50058, line 9j., 10d.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$		
	PHA:	* \$								
	HUD:	* \$								
	8.	PHA Alternative Income-based TTP accurately calculated?			<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear		
Yes	No	Unclear								
9.	PHA Alternative Income-based TTP does not exceed Traditional income-based TTP ?			<table border="1"><tr><td></td><td></td><td></td></tr></table>						
10.	Family is a “mixed” family eligible for Prorated assistance (If “Yes”, go to Line 11.)?			<table border="1"><tr><td></td><td></td><td></td></tr></table>						

Prorated TTP	11.	TTP for a “Mixed” family (ref. HUD-50058, line 10p.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$		
	PHA:	* \$								
HUD:	* \$									
12.	TTP for a “Mixed” family accurately calculated?			<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear			
Yes	No	Unclear								

Income-based Tenant Rent	13.	TENANT RENT (ref. HUD-50058, line 10f., 10s.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$		
	PHA:	* \$								
	HUD:	* \$								
	14.	Utility Reimbursement (ref. HUD-50058, line 10f., 10s.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$		
PHA:	* \$									
HUD:	* \$									
15.	TENANT RENT accurately calculated?			<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear			
Yes	No	Unclear								
16.	Income-based TENANT RENT agrees with Rent Rolls?			<table border="1"><tr><td></td><td></td><td></td></tr></table>						

Flat Rent

17.	Flat Rent based on PHA schedule (ref. HUD-50058, line 10b.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$			
PHA:	* \$									
HUD:	* \$									
18.	Flat Rent for a “Mixed” Family (ref. HUD-50058, line 10b.):	<table border="1"><tr><td>PHA:</td><td>* \$</td></tr></table>	PHA:	* \$	<table border="1"><tr><td>HUD:</td><td>* \$</td></tr></table>	HUD:	* \$			
PHA:	* \$									
HUD:	* \$									
19.	Flat Rent accurately calculated by PHA?			<table border="1"><tr><td>Yes</td><td>No</td><td>Unclear</td></tr><tr><td></td><td></td><td></td></tr></table>	Yes	No	Unclear			
Yes	No	Unclear								
20.	Flat Rent agrees with Rent Rolls?			<table border="1"><tr><td></td><td></td><td></td></tr></table>						

Shaded cells represent information which may be cross-referenced with HUD-50058

Complete Section F. for a Section 8 Housing Choice Voucher family only.

F. Family Rent and HAP – Section 8 HCV only

* For detailed calculations, refer to **F. Section 8 HCV Rent and HAP Worksheet** in Appendix C

Total Tenant Payment (TTP)

1.	TTP (ref. HUD-50058, line 9j. or 12r.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
2.	TTP accurately calculated?					
3.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?					
b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?					

Payment Standard

4.a	Payment Standard (ref. HUD-50058, line 12j.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
b.	Correct Payment Standard used?					

Gross Rent and Total HAP

5.	Gross Rent (ref. HUD-50058, line 12p.):	PHA: * \$	HUD: * \$			
6.	Total HAP (ref. HUD-50058, line 12s.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
7.	Total HAP accurately calculated?					

Reexamination Family only:

8.a.	Reexamination has resulted in HAP of zero (\$0) dollars?	Yes	No	Unclear
b.	If "Yes", HAP contract remained in effect up to 6 months after reexam effective date?			

Family Rent to Owner and HAP to Owner (Non-prorated, Non-mixed Family only)

9.	Total Family Share of Rent (ref. HUD-50058, line 12t.):	PHA: * \$	HUD: * \$			
10.	HAP to Owner (ref. HUD-50058, line 12u.):	PHA: * \$	HUD: * \$			
11.	Family Rent to Owner (ref. HUD-50058, line 12v.):	PHA: * \$	HUD: * \$			
12.	Utility Reimbursement (ref. HUD-50058, line 12w.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
13.	Family Rent to Owner and HAP (Non-prorated) accurately calculated by PHA?					
14.	HAP agrees with HAP register?					

Family Rent to Owner and HAP to Owner (Prorated, Mixed Family only)

15.	Prorated Family Rent to Owner (ref. HUD-50058, line 12ai.):	PHA: * \$	HUD: * \$			
16.	Prorated HAP to Owner (ref. HUD-50058, line 12aj.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
17.	Family Rent to Owner and HAP (Prorated) accurately calculated by PHA?					
18.	HAP agrees with HAP register?					

Shaded cells represent information which may be cross-referenced with HUD-50058

